

As of September 30, 2016 of the Condition and Affairs of the

Motor Club Insurance Company
NAIC Company Code..... 12487 Employer's ID Number..... 20-3462094

NAIC Group Code 0, 0	NAIC Company Code	12487 E	mployer's ID Number 20-3462094
(Current Period) (Prior Perio Organized under the Laws of Rhode Island		rt of Entry Rhode Island	Country of Domicile US
Incorporated/Organized September 14		Commenced Business Ja	
Statutory Home Office	110 Royal Little Drive Provid		, ·,
Main Administrative Office	110 Royal Little Drive Provid		401-868-6520 (Area Code) (Telephone Number
Mail Address	110 Royal Little Drive Provid		
Primary Location of Books and Records	110 Royal Little Drive Provid		401-868-6520 (Area Code) (Telephone Number
Internet Web Site Address	N/A	, ,	
Statutory Statement Contact	Russell Stephen Manty		401-868-6106
·	(Name) smanty@aaanortheast.com		(Area Code) (Telephone Number) (Extension 401-868-2013
	(E-Mail Address)	)	(Fax Number)
	OFFIC		
Name	Title	Name	Title
Mark Allen Shaw     Report Standard Manty	President	Francis Xavier Doyle	Vice President and Secretary
Russell Stephen Manty	Treasurer	4. ICD	
	OTH	IEK	
Mark Allen Shaw Joh Michael Francis Fitzgerald	DIRECTORS Con Michael Costello	OR TRUSTEES  William Alfred Mekrut	Irving Emerson Rogers III
State of Rhode Island County of Providence			
The officers of this reporting entity being duly swelfated above, all of the herein described assets wherein stated, and that this statement, together worf all the assets and liabilities and of the condition therefrom for the period ended, and have been commanual except to the extent that: (1) state law morocedures, according to the best of their informational conditions and the related corresponding electronic filing enclosed statement. The electronic filing may be	were the absolute property of the said vith related exhibits, schedules and ex in and affairs of the said reporting enti- ompleted in accordance with the NAI ay differ; or, (2) that state rules or reg- lation, knowledge and belief, respectively in with the NAIC, when required, that	reporting entity, free and clear frosplanations therein contained, annuty as of the reporting period stated C Annual Statement Instructions a ulations require differences in reporting Furthermore, the scope of this an exact copy (except for formatic property).	m any liens or claims thereon, except as exed or referred to, is a full and true statement d above, and of its income and deductions and Accounting Practices and Procedures orting not related to accounting practices and s attestation by the described officers also atting differences due to electronic filing) of the
(Signature)	(Signa	uture)	(Signature)
Mark Allen Shaw	Francis Xav	•	Russell Stephen Manty
1. (Printed Name)	2. (Printe		3. (Printed Name)
President	Vice President	,	Treasurer
(Title)	(Tit		(Title)
Subscribed and sworn to before me This day of	a. Is b. If	2. Date filed	
		Number of pages attack	

#### **ASSETS**

	ASSE				
		1 1	Current Statement Date	3	4
		·	Nonadmitted	Net Admitted Assets	December 31 Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
	Bonds	22,355,699		22,355,699	22,011,702
2.	Stocks:			0	
	2.1 Preferred stocks				
,		21,437,692		21,437,692	20,051,210
3.	Mortgage loans on real estate:  3.1 First liens			0	
	3.1 First liens				
4.	Real estate:			0	
4.	4.1 Properties occupied by the company (less \$0 encumbrances)			0	
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$191,777), cash equivalents (\$0)			•	
	and short-term investments (\$174,867)	366,644		366,644	579,308
6.	Contract loans (including \$0 premium notes)			0	
7.	Derivatives			0	
8.	Other invested assets	2,659,500		2,659,500	2,410,492
9.	Receivables for securities			0	
10.	Securities lending reinvested collateral assets			0	
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	46,819,535	0	46,819,535	45,052,712
13.	Title plants less \$0 charged off (for Title insurers only)			0	
14.	Investment income due and accrued	265,447		265,447	236,158
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection			0	
	15.2 Deferred premiums, agents' balances and installments booked but deferred				
	and not yet due (including \$0 earned but unbilled premiums)			0	
16	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	
	16.2 Funds held by or deposited with reinsured companies				
	16.3 Other amounts receivable under reinsurance contracts				
17.	Amounts receivable relating to uninsured plans				
	Current federal and foreign income tax recoverable and interest thereon				
	Net deferred tax asset				
	Guaranty funds receivable or on deposit				
	Electronic data processing equipment and software				
	Furniture and equipment, including health care delivery assets (\$0)				
	Net adjustment in assets and liabilities due to foreign exchange rates				
	Receivables from parent, subsidiaries and affiliates				
	Health care (\$0) and other amounts receivable				
	Aggregate write-ins for other than invested assets				
	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25)				
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	
28.	Total (Lines 26 and 27)	48,186,827	188,944	47,997,883	46,153,627
	DETAILS OF W	RITE-INS			
1101.				0	
1102.				0	
1103.				0	
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199.	Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0
2501.	Receivable from quota share agreement	101,845		101,845	
2502.				0	
				0	
2503.					
	Summary of remaining write-ins for Line 25 from overflow page		0	0	0

# Statement for September 30, 2016 of the Motor Club Insurance Company

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year \$369,781)		
2.	Reinsurance payable on paid losses and loss adjustment expenses		
3.	Loss adjustment expenses		
4.	Commissions payable, contingent commissions and other similar charges		
5.	Other expenses (excluding taxes, licenses and fees)		
6.	Taxes, licenses and fees (excluding federal and foreign income taxes)		
7.1	Current federal and foreign income taxes (including \$410,762 on realized capital gains (losses))		
7.2	Net deferred tax liability		
8.	Borrowed money \$0 and interest thereon \$0.		
9.	Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$0 and including warranty reserves of \$0 and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)		
10.	Advance premium		
11.	Dividends declared and unpaid:		
	11.1 Stockholders		
	11.2 Policyholders		
12.	Ceded reinsurance premiums payable (net of ceding commissions)		
13.	Funds held by company under reinsurance treaties		
14.	Amounts withheld or retained by company for account of others		
15.	Remittances and items not allocated		
16.	Provision for reinsurance (including \$0 certified)		
17.	Net adjustments in assets and liabilities due to foreign exchange rates		
18.	Drafts outstanding.		
19.	Payable to parent, subsidiaries and affiliates		
	Derivatives		
20.			
21.	Payable for securities		
22.	Payable for securities lending		
23.	Liability for amounts held under uninsured plans		
24.	Capital notes \$0 and interest thereon \$0.		
25.	Aggregate write-ins for liabilities		
26.	Total liabilities excluding protected cell liabilities (Lines 1 through 25)		
27.	Protected cell liabilities		
28.	Total liabilities (Lines 26 and 27)		
29.	Aggregate write-ins for special surplus funds		0
30.	Common capital stock		
31.	Preferred capital stock		
32.	Aggregate write-ins for other than special surplus funds	0	0
33.	Surplus notes		
34.	Gross paid in and contributed surplus		
35.	Unassigned funds (surplus)	13,965,382	12,563,494
36.	Less treasury stock, at cost:		
	36.10.000 shares common (value included in Line 30 \$0)		
	36.20.000 shares preferred (value included in Line 31 \$0)		
37.	Surplus as regards policyholders (Lines 29 to 35, less 36)	46,465,382	45,063,494
38.	Totals (Page 2, Line 28, Col. 3)	47,997,883	46,153,627
0504	DETAILS OF WRITE-INS		
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page	0	0
	Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above)		
2902.			
	Summary of remaining write-ins for Line 29 from overflow page		0
2999.	Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)		0
3201. 3202.			
3202.			
	Summary of remaining write-ins for Line 32 from overflow page		0
	Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above)		0

# Statement for September 30, 2016 of the Motor Club Insurance Company STATEMENT OF INCOME

		1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	UNDERWRITING INCOME			
1.	Premiums earned:			
	1.1 Direct			1.087.563
	1.3 Ceded(written \$0)			
	1.4 Net	1,377,637	819,515	1,087,563
2	DEDUCTIONS: Losses incurred (current accident year \$711,052):			
	2.1 Direct			
	2.2 Assumed			
	2.3 Ceded			
	Loss adjustment expenses incurred	41,932	21,862	27,592
	Other underwriting expenses incurred		841,948	1,005,737
6.	Aggregate write-ins for underwriting deductions	1,539,073	1,301,059	1,585,161
7.	Net income of protected cells			
8.	Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	(161,436)	(481,544)	(497,598)
_	INVESTMENT INCOME	242 200	000 000	504.074
	Net investment income earned			
	Net investment gain (loss) (Lines 9 + 10)			
	OTHER INCOME			
12.	Net gain or (loss) from agents' or premium balances charged off			
12	(amount recovered \$0 amount charged off \$0).			
	Finance and service charges not included in premiums			
15.	Total other income (Lines 12 through 14)	0	0	0
16.	Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	007 775	F22 C0C	702.407
17	Dividends to policyholders			793,497
	Net income, after dividends to policyholders, after capital gains tax and before all other federal and			
40	foreign income taxes (Line 16 minus Line 17)			
	Federal and foreign income taxes incurred  Net income (Line 18 minus Line 19) (to Line 22)			
20.	CAPITAL AND SURPLUS ACCOUNT			
21.	Surplus as regards policyholders, December 31 prior year	45.063.494	45.668.020	45.668.020
22.	Net income (from Line 20)	316,608	674,108	890,060
23.	Net transfers (to) from Protected Cell accounts	4.050.000	(4.740.474)	(4.440.574)
	Change in net unrealized capital gains of (losses) less capital gains tax of \$509,000			
	Change in net deferred income tax			
	Change in nonadmitted assets	·		, ,
	Change in provision for reinsurance			
	Surplus (contributed to) withdrawn from protected cells			
	Cumulative effect of changes in accounting principles			
32.	Capital changes: 32.1 Paid in			
	32.2 Transferred from surplus (Stock Dividend)			
22	32.3 Transferred to surplus			
33.	Surplus adjustments: 33.1 Paid in			
	33.2 Transferred to capital (Stock Dividend)			
24	33.3 Transferred from capital			
	Net remittances from or (to) Home Office			
36.	Change in treasury stock			
	Aggregate write-ins for gains and losses in surplus			0
	Change in surplus as regards policyholders (Lines 22 through 37)			
	DETAILS OF WRITE-INS			
	Summary of remaining write-ins for Line 5 from overflow page		0	0
	Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)			
1498.	Summary of remaining write-ins for Line 14 from overflow page	0	0	0
	Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)			0
3703.				
	Summary of remaining write-ins for Line 37 from overflow page			
3/99.	Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above)	0	0	0

# Statement for September 30, 2016 of the Motor Club Insurance Company

CASH FLOW	1 1	2	3
	Current Year to Date	Prior Year To Date	Prior Year Ended December 31
CASH FROM OPERATIONS			
Premiums collected net of reinsurance	984,713 .	997,138	1,594,667
2. Net investment income	699,546	699,935	1,176,423
3. Miscellaneous income			
4. Total (Lines 1 through 3)	1,684,259	1,697,073	2,771,090
5. Benefit and loss related payments	621,393	149,878	1,217,294
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	591,700	737,291	1,056,495
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)			192,000
10. Total (Lines 5 through 9)	1,213,093	887,169	2,465,789
11. Net cash from operations (Line 4 minus Line 10)	471,166	809,904	305,301
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	4,542,769 .	6,561,859	10,845,877
12.2 Stocks	200,000	6,811,955	6,844,090
12.3 Mortgage loans			
12.4 Real estate			
12.5 Other invested assets			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments			
12.7 Miscellaneous proceeds			19,116
12.8 Total investment proceeds (Lines 12.1 to 12.7)	4,742,769	13,373,814	17,709,083
13. Cost of investments acquired (long-term only):			
13.1 Bonds	5,294,666	7,224,064	10,453,012
13.2 Stocks	131,934	7,023,774	7,280,452
13.3 Mortgage loans			
13.4 Real estate			
13.5 Other invested assets			
13.6 Miscellaneous applications			19.116
13.7 Total investments acquired (Lines 13.1 to 13.6)	5,426,600	14,247,838	
14. Net increase or (decrease) in contract loans and premium notes			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)			
CASH FROM FINANCING AND MISCELLANEOUS SOURCES	(000,000,000,000,000,000,000,000,000,00		(,
16. Cash provided (applied):			
16.1 Surplus notes, capital notes			
16.2 Capital and paid in surplus, less treasury stock			
16.3 Borrowed funds			
16.4 Net deposits on deposit-type contracts and other insurance liabilities			
16.5 Dividends to stockholders			
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).			0
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENT		(0.1.105)	201.00
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	(212,664)	(64,120)	261,804
19. Cash, cash equivalents and short-term investments:		<u> </u>	
19.1 Beginning of year			
19.2 End of period (Line 18 plus Line 19.1)		253,384	579,308

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001

#### Note 1 - Summary of Significant Accounting Policies

#### A. Accounting Practices

The accompanying financial statements of Motor Club Insurance Company (the Company) have been prepared in conformity with the accounting practices prescribed by the National Association of Insurance Commissioners (NAIC) or otherwise permitted by the State of Rhode Island Department of Business Regulation - Insurance Division. The NAIC Accounting Practices and Procedures manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practice by the State of Rhode Island.

Net income for the nine months ended September 30, 2016 amounts to \$316,608 and surplus as of September 30, 2016 amounts to \$46,465,382.

#### B. Use of Estimates

The preparation of financial statements in conformity with NAIC SAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policies

Net investment income earned consists primarily of interest and dividends less related expenses. Interest is recognized on an accrual basis and dividends are recognized on an ex-dividend basis. Net realized capital gains (losses) are recognized on a specific identification basis when securities are sold, redeemed, or otherwise disposed. Realized capital losses include writedowns for impairments considered to be other than temporary.

In addition, the Company uses the following accounting policies:

- 1. Short-term investments are accounted for in the same manner as similar long-term investments in accordance with Statement of Statutory Accounting Principles (SSAP) No. 2.
- 2. Bonds are generally stated at amortized cost using the scientific method. Bonds containing call provisions are amortized to either the call or maturity value / date, whichever produces the lowest asset value (yield to worst), in accordance with SSAP No. 26. Bonds that are designated highest-quality and high-quality (NAIC designation 1 and 2, respectively) are reported at amortized cost. Non-investment grade bonds with NAIC designations of 3 through 6 are stated at the lower of amortized value or fair value.
- 3. Common stocks are stated at fair value.
- 4. The Company has no preferred stocks.
- 5. The Company has no mortgage loans.
- 6. Investment grade loan-backed securities are stated at amortized cost. The retrospective adjustment method is used to determine amortized cost for all loan-backed securities. Non-investment grade loan-backed securities with NAIC designations of 3 through 6 are stated at the lower of amortized cost or fair value.
- 7. The Company has no investments in subsidiaries and affiliated companies.
- 8. Investments in joint ventures and partnerships are stated at the underlying audited, in accordance with accounting principles generally accepted in the United States (GAAP), equity value.
- 9. The Company has no derivatives.
- 10. The Company anticipates investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property Casualty Contracts Premiums.
- 11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
- 12. The Company has no prepaid expenses, electronic data processing equipment, software, furniture, vehicles, other equipment, or leasehold improvements.
- 13. The Company does not write major medical insurance with prescription drug coverage.

#### Note 2 - Accounting Changes and Corrections of Errors

Not applicable.

#### Note 3 - Business Combinations and Goodwill

Not applicable.

#### Note 4 - Discontinued Operations

Not applicable.

#### Note 5 - Investments

A. Mortgage Loans

Not applicable.

B. Troubled Debt Restructuring for Creditors

Not applicable.

C. Reverse Mortgages

Not applicable.

- D. Loan-Backed and Structured Securities
  - 1. The Company did not make prepayment assumptions for loan-backed or structured securities.
  - 2. The Company did not recognize other-than-temporary impairments for loan-backed securities.
  - 3. The Company did not recognize other-than-temporary impairments for loan-backed securities.
  - 4. Loan-backed and structured securities that were in unrealized loss positions as of September 30, 2016, stratified based on length of time continuously in these unrealized loss positions, are as follows:
    - a. Aggregate amount of unrealized loss

i. Less than twelve monthsii. Twelve months or longer\$ -0 -\$ 376

b. Aggregate fair value of securities with unrealized loss

i. Less than twelve monthsii. Twelve months or longer5 - 0 - \$ 137,867

c. Aggregate statement value of securities with unrealized loss

i. Less than twelve monthsii. Twelve months or longer\$ - 0 -\$ 138,243

- 5. All loan-backed and structured securities in an unrealized loss position were reviewed to determine whether other-than-temporary impairments should be recognized. The Company asserts that it has the intent and ability to hold these securities long enough to allow the cost basis of these securities to be recovered. It is possible that the Company could recognize other-than-temporary impairments in the future on some of the securities, if future events, information, and passage of time causes it to conclude that declines in value are other-than-temporary.
- E. Repurchase Agreements and/or Securities Lending Transactions

For repurchase agreements, the Company requires a minimum 105% of the fair value of securities purchased under repurchase agreements to be maintained as collateral. There were no open repurchase agreements as of September 30, 2016.

F. Writedowns for Impairments of Real Estate, Real Estate Sales, Retail Land Sales Operations, and Real Estate with Participating Mortgage Loan Features

G. Low Income Housing Tax Credits

Not applicable.

Н. **Restricted Assets** 

Not applicable.

I. Working Capital Finance Investments

Not applicable.

J. Offsetting and Netting of Assets and Liabilities

Not applicable.

K. Structured Notes

Not applicable.

5\* Securities L.

Not applicable.

#### Note 6 - Joint Ventures, Partnerships, and Limited Liability Companies

A. Detail for Those Greater than 10% of Admitted Assets

Not applicable.

B. Writedowns for Impairment of Joint Ventures, Partnerships, and LLCs

Not applicable.

#### Note 7 - Investment Income

No significant change.

#### **Note 8 - Derivative Instruments**

Not applicable.

#### Note 9 - Income Taxes

No significant change.

#### Note 10 - Information Concerning Parent, Subsidiaries, Affiliates, and Other Related Parties

No significant change.

#### Note 11 - Debt

Not applicable.

#### Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits, Compensated Absences, and Other Postretirement Benefit Plans

Not applicable.

#### Note 13 - Capital and Surplus, Dividend Restrictions, and Quasi-Reorganizations

No significant change.

#### Note 14 - Liabilities, Contingencies, and Assessments

Not applicable.

#### Note 15 - Leases

Not applicable.

#### Note 16 - Information about Financial Instruments with Off-Balance Sheet Risk

Not applicable.

#### Note 17 - Sale, Transfer, and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable.

#### Note 18 - Gain or Loss from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not applicable.

#### Note 19 - Direct Premium Written / Produced by Managing General Agents / Third Party Administrators

Not applicable.

#### Note 20 - Fair Value Measurements

- A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value
  - 1. Items Measured and Reported at Fair Value by Levels 1, 2, and 3

Fair value is measured utilizing a three-tier hierarchy to classify fair value measurements as follows:

- Level 1 Values measured using quoted prices in active markets for identical assets and liabilities
- Level 2 Values measured using other significant observable inputs such as quoted prices for similar assets and liabilities, interest rates, credit risk, etc.
- Level 3 Values measured using significant unobservable inputs, including internal assumptions

The fair values of the Company's investments are determined using Level 1 inputs for common stocks, cash, cash equivalents, and short-term investments and Level 2 inputs for bonds.

2. Rollforward of Level 3 Items

The Company has no assets or liabilities measured at fair value in the Level 3 category.

3. Policy on Transfers Into and Out of Level 3

The Company had no transfers into or out of Level 3 during the current period.

4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values

Not applicable.

5. Derivative Fair Values

Not applicable.

B. Other Fair Value Disclosures

C. Fair Values for All Financial Instruments by Levels 1, 2, and 3

Type of Financial Instrument	Fair Value	Admitted Value	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds	22,744,757	22,355,699		22,744,757		
Common stocks	21,437,692	21,437,692	21,437,692			
Cash, cash equivalents, and short-term investments	366,644	366,644	366,644			
Total assets	44,549,093	44,160,035	21,804,336	22,744,757		

D. Items for which Not Practicable to Estimate Fair Values

Not applicable.

#### Note 21 - Other Items

Not applicable.

#### Note 22 - Events Subsequent

Subsequent events have been considered through November 14, 2016, the date of issuance of these statutory financial statements. There were no events occurring subsequent to the end of the quarter that merited recognition or disclosure in these statements.

#### Note 23 - Reinsurance

A. Unsecured Reinsurance Recoverables

Not applicable.

B. Reinsurance Recoverables in Dispute

Not applicable.

C. Reinsurance Assumed, Ceded, and Protected Cells

Effective July 8, 2014, the Company entered into a travel insurance quota share reinsurance agreement with BCS Insurance Company to assume 100% of certain travel insurance risks. The State of Rhode Island Department of Business Regulation – Insurance Division approved the agreement during 2014. All of the Company's underwriting results during 2016 are from the quota share agreement.

	Assumed Unearned Premiums as of September 30, 2016	Assumed Commission Equity	Ceded Unearned Premiums	Ceded Commission Equity	Net Unearned Premiums as of September 30, 2016	Net Commission Equity
a. Affiliates	\$0	\$0	\$0	\$0	\$0	\$0
b. All Others	\$416,732	\$0	\$0	\$0	\$416,732	\$0
c. Totals	\$416,732	\$0	\$0	\$0	\$416,732	\$0

D. Uncollectible Reinsurance

Not applicable.

E. Commutation of Ceded Reinsurance

Not applicable.

F. Retroactive Reinsurance

G. Reinsurance Accounted for as a Deposit

Not applicable.

H. Run-off Arrangements

Not applicable.

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable.

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable.

#### Note 24 - Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not applicable.

#### Note 25 - Changes in Incurred Losses and Loss Adjustment Expenses

Current year changes in estimates of the costs of prior year losses and LAE affect the current year Statement of Income. Increases in those estimates increase current year expense and are referred to as unfavorable development or prior year reserve shortages. Decreases in those estimates decrease current year expense and are referred to as favorable development or prior year reserve redundancies. The estimated cost of loss and LAE attributed to insured events of prior years increased by \$8,000 during the current period. The unfavorable development of \$8,000 is approximately 3.79% of the unpaid losses and LAE of \$211,000 as of December 31, 2015.

#### Note 26 - Intercompany Pooling Arrangements

Not applicable.

#### Note 27 - Structured Settlements

Not applicable.

#### Note 28 - Health Care Receivables

A. and B. Not applicable.

#### Note 29 - Participating Policies

Not applicable.

#### Note 30 - Premium Deficiency Reserves

Not applicable.

#### Note 31 - High Deductibles

Not applicable.

#### Note 32 - Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable.

#### Note 33 - Asbestos and Environmental Reserves

#### Note 34 - Subscriber Savings Accounts

Not applicable.

#### Note 35 - Multiple Peril Crop Insurance

Not applicable.

#### Note 36 - Financial Guaranty Insurance

A. and B. Not applicable.

# **GENERAL INTERROGATORIES**

#### **PART 1 - COMMON INTERROGATORIES**

#### **GENERAL**

1.1	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Materia as required by the Model Act?	al Transactions with the State of Domicile,		Y	/es[]	No [X]
1.2	If yes, has the report been filed with the domiciliary state?				Yes[]	No [ ]
2.1	Has any change been made during the year of this statement in the charter, by-laws, articles of incorpore reporting entity?	oration, or deed of settlement of the			/es[]	No [X]
2.2	If yes, date of change:					
3.1	Is the reporting entity a member of an Insurance Holding Company System consisting of two or more a If yes, complete Schedule Y, Parts 1 and 1A.	affiliated persons, one or more of which is an in	surer?	Y	/es[X]	No [ ]
3.2	Have there been any substantial changes in the organizational chart since the prior quarter end?			Y	/es[]	No [X]
3.3	If the response to 3.2 is yes, provide a brief description of those changes.					
4.1	Has the reporting entity been a party to a merger or consolidation during the period covered by this sta	tement?		Y	/es[]	No [X]
4.2	If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreving result of the merger or consolidation.	ation) for any entity that has ceased to exist as	a			
	1			2 NAIC		3
	Name of Entity			Compar Code	,	State of omicile
	·					
5.	If the reporting entity is subject to a management agreement, including third-party administrator(s), ma similar agreement, have there been any significant changes regarding the terms of the agreement or p If yes, attach an explanation.		,	Yes[]	No [X]	N/A [ ]
6.1	State as of what date the latest financial examination of the reporting entity was made or is being made	Э.		12/3 <sup>-</sup>	1/2014	
6.2	State the as of date that the latest financial examination report became available from either the state of should be the date of the examined balance sheet and not the date the report was completed or release.			12/3	1/2014	
6.3	State as of what date the latest financial examination report became available to other states or the pureporting entity. This is the release date or completion date of the examination report and not the date			08/14	4/2015	
6.4	By what department or departments? <u>State of Rhode Island Department of Business Regulation - Insurance Division</u>					
6.5	Have all financial statement adjustments within the latest financial examination report been accounted with Departments?	for in a subsequent financial statement filed	Y	es[] N	No[]	N/A [ X ]
6.6	Have all of the recommendations within the latest financial examination report been complied with?		Υ	es[] N	No[]	N/A [ X ]
7.1	Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate by any governmental entity during the reporting period?	registration, if applicable) suspended or revoke	b€	Y	/es[]	No [X]
7.2	If yes, give full information:					
8.1	Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?			Y	res[]	No[X]
8.2	If response to 8.1 is yes, please identify the name of the bank holding company.					
8.3	Is the company affiliated with one or more banks, thrifts or securities firms?			Y	res[X]	No [ ]
8.4	If the response to 8.3 is yes, please provide below the names and location (city and state of the main of regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary	Currency (OCC), the Federal Deposit Insurance	e			
	1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
	N/A	Location (only, orallo)				OLO
9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer functions) of the reporting entity subject to a code of ethics, which includes the following standards?	or controller, or persons performing similar		Y	res[X]	No [ ]
	(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest	est between personal and professional relation	ships;			- 1 1
	(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be fill	ed by the reporting entity;	·			
	(c) Compliance with applicable governmental laws, rules and regulations;					
	(d) The prompt internal reporting of violations to an appropriate person or persons identified in the co	ode; and				
	(e) Accountability for adherence to the code.					
9.11	If the response to 9.1 is No, please explain:					
9.2	Has the code of ethics for senior managers been amended?			Y	/es[]	No [X]
9.21	If the response to 9.2 is Yes, provide information related to amendment(s).					
9.3	Have any provisions of the code of ethics been waived for any of the specified officers?			Y	res[]	No [ X ]
9.31	If the response to 9.3 is Yes, provide the nature of any waiver(s).					

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

# **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

Yes[] No[X]

2 If yes	s, indicate any amounts receivable from parent included in the Pa	ge 2 amount:			\$		0
		INVESTMENT					
	e any of the stocks, bonds, or other assets of the reporting entity to		ment, or otherwise	e made available for		V [ ]	Na f
	by another person? (Exclude securities under securities lending a s, give full and complete information relating thereto:	agreements.)				Yes [ ]	No [
z II you	s, give run and complete information relating thereto.						
Amo	unt of real estate and mortgages held in other invested assets in S	Schedule BA:			\$		0
Amo	unt of real estate and mortgages held in short-term investments:				\$		0
1 Does	the reporting entity have any investments in parent, subsidiaries	and affiliates?				Yes[]	No [
14.2	If yes, please complete the following:						
				1 Prior Year-End	С	2 urrent Quarter	
14.2	1 Bonds			djusted Carrying Valu		justed Carrying V	/alue 0
14.2			Ψ		0 \$		0
14.2					0		0
14.2					0		0
14.2 14.2	0 0				0		0
14.2		ototal Lines 14.21 to 14.26)	\$		0 \$		0
14.2	Total Investment in Parent included in Lines 14.21 to 14.26	3 above	\$		0 \$		0
	the reporting entity entered into any hedging transactions reported					Yes[]	No
2 If yes	s, has a comprehensive description of the hedging program been	made available to the domiciliary	state?			Yes[]	No
If no,	attach a description with this statement.						
For t	he reporting entity's security lending program, state the amount of	f the following as of current statem	ent date:				
1 Total	fair value of reinvested collateral assets reported on Schedule D	L, Parts 1 and 2:			\$		
2 Total	book adjusted/carrying value of reinvested collateral assets repo	rted on Schedule DL, Parts 1 and	2:		\$		
3 Total	payable for securities lending reported on the liability page:				\$		
	uding items in Schedule E-Part 3-Special Deposits, real estate, mo						
custo	es, vaults or safety deposit boxes, were all stocks, bonds and othe odial agreement with a qualified bank or trust company in accorda	ince with Section 1, III - General E	xamination Consid		cing		
	itical Functions, Custodial or Safekeeping Agreements of the NAI					Yes [X]	No
17.1	For all agreements that comply with the requirements of the NAI	IC Financial Condition Examiners	Handbook, compl	ete the following:			
	Name of Custodian(s)			Custod	2 ian Address		
	State Street Bank and Trust Company		801 Pennsylvan	nia Avenue, 5th Floor,	Kansas City, MO	64105	
17.2	For all agreements that do not comply with the requirements of t location and a complete explanation:	the NAIC Financial Condition Exa	miners Handbook,	, provide the name,			
	location and a complete explanation.	2			3		
	Name(s)	Locati			Complete Expl	anation(s)	
	Have there been any changes, including name changes, in the	custodian(s) identified in 17.1 duri	ng the current qua	arter?		Yes[]	No
17.4	If yes, give full and complete information relating thereto:						
	1 Old Custodian	2 New Custodian		3 Date of	R	4 eason	
	0.0 000000			Change			
17.5	Identify all investment advisors, broker/dealers or individuals act accounts, handle securities and have authority to make investment and the country of the			the investment			
	1	2	_		3		
	Central Registration Depository	Name(s	,		Addre		051:
	104863  Have all the filing requirements of the <i>Purposes and Procedures</i>	Income Research & Managemer			eral Street, 30th Fl		
	have all the tiling requirements of the Purposes and Procedures	s ivianuai oi ine NAIC Investment A	ariaivsis Uπice be	en tollowed?		Yes [X]	No

### Statement for September 30, 2016 of the Motor Club Insurance Company

# **GENERAL INTERROGATORIES (continued)**

#### PART 2 - PROPERTY & CASUALTY INTERROGATORIES

If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? If yes, attach an explanation.

Yes[] No[] N/A[X]

Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured?

Yes[] No[X]

If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled?

Yes[] No[X]

3.2 If yes, give full and complete information thereto:

Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see 4.1 Annual Statement Instructions pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest

Yes[] No[X]

0.000%

No[X]

Yes [ ]

4.2 If yes, complete the following schedule:

1	2	3	Total Discount				Discount Taken During Period			
			4	5	6	7	8	9	10	11
	Maximum	Disc.	Unpaid	Unpaid			Unpaid	Unpaid		
Line of Business	Interest	Rate	Losses	LAE	IBNR	Total	Losses	LAE	IBNR	Total
	0.000	0.000	0	0	0	0	0	0	0	0
Total	XXX	XXX	0	0	0	0	0	0	0	0

5.1 Operating Percentages:

5.1 A&H loss percent 0.000% 0.000% 5.2 A&H cost containment percent

5.3 A&H expense percent excluding cost containment expenses

Do you act as a custodian for health savings accounts? Yes[] No[X] If yes, please provide the amount of custodial funds held as of the reporting date. 6.2 0

Do you act as an administrator for health savings accounts?

If yes, please provide the amount of funds administered as of the reporting date. 0

## Statement for September 30, 2016 of the Motor Club Insurance Company **SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

		Onowing full few remodels of our control of the	Julio			
1	2	3	4	5	6	7
NAIC					Certified	Effective Date
Company	ID		Domiciliary	Type of	Reinsurer Rating	of Certified
Code	Number	Name of Reinsurer	Jurisdiction	Reinsurer	(1 through 6)	Reinsurer Rating

# **NONE**

### **SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Current Year to Date - Allocated by States and Territories

		1		iums Written	Direct Losses Paid	(Deducting Salvage)		ses Unpaid
	States, Etc.	Active Status	2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	/ Prior Year to Date
1.	AlabamaAL	N						
2.	AlaskaAK	N						
	ArizonaAZ							
	ArkansasAR							
	CaliforniaCA							
	ColoradoCO							
	ConnecticutCT							
	DelawareDE							
	District of ColumbiaDC							
	FloridaFL							
	GeorgiaGA							
	HawaiiHI IdahoID							
	IllinoisIL							
	IndianaIN							
	lowaIA							
	KansasKS							
	KentuckyKY							
	LouisianaLA							
	MaineME							
	MarylandMD							
	MassachusettsMA							
	MichiganMI							
	MinnesotaMN							
	MississippiMS							
	MissouriMO							
27.	MontanaMT	N						
28.	NebraskaNE	N						
29.	NevadaNV	N						
	New HampshireNH							
	New JerseyNJ							
	New MexicoNM							
	New YorkNY							
	North CarolinaNC							
	North DakotaND	N						
	OhioOH							
	OklahomaOK							
	OregonOR	N						
	PennsylvaniaPA Rhode IslandRI							
	South CarolinaSC							
	South DakotaSD							
	TennesseeTN	N						
	TexasTX	N						
	UtahUT	N						
	VermontVT							
	VirginiaVA							
	WashingtonWA							
	West VirginiaWV							
50.	WisconsinWI	N						
	WyomingWY							
52.	American SamoaAS	N						
	GuamGU							
	Puerto RicoPR							
	US Virgin IslandsVI							
	Northern Mariana IslandsMP							
	CanadaCAN							
	Aggregate Other AlienOT		0	0	0	0	0	0
59.	Totals	(a)1	0	0	•	0	0	0
E0001		WW		DETAILS OF V	VKITE-INS	T		
		XXX						
		XXX						
	Summary of remaining write-ins	, ,,,,,,						
	for Line 58 from overflow page	XXX	0	0	0	0	0	0
	Totals (Lines 58001 thru 58003+							
	Line 58998) (Line 58 above)					0		0
(L) - Li	censed or Chartered - Licensed Ins	surance Ca	arrier or Domicilied RRG	; (R) - Registered - Non	-domiciled RRGs; (Q) -	Qualified - Qualified or A	Accredited Reinsurer;	

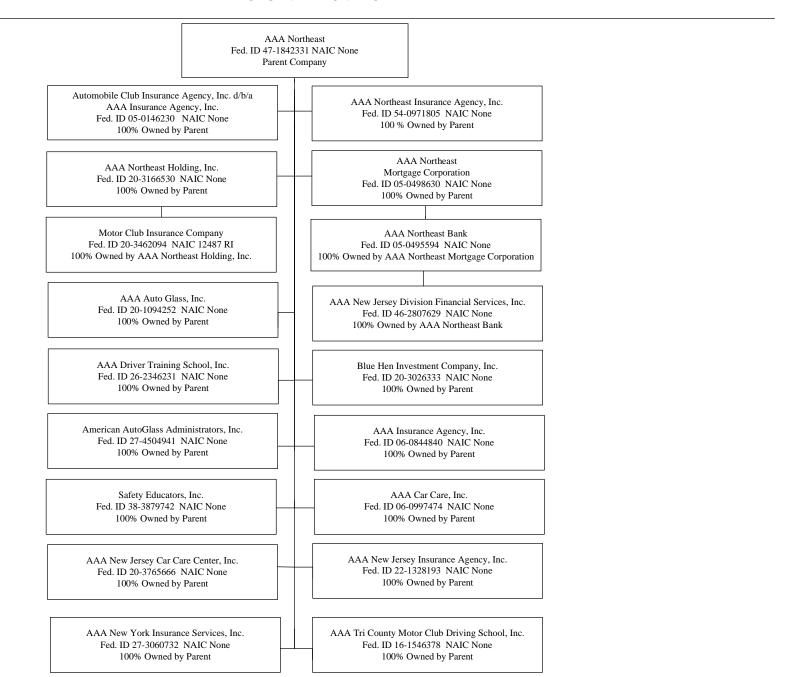
<sup>(</sup>L) - Licensed or Chartered - Licensed Insurance Carrier or Domicilied RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

<sup>(</sup>E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

#### SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

#### PART 1 – ORGANIZATIONAL CHART



# **SCHEDULE Y**

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

				_			•	_	- 40	T				
1	2	3	4	5	б	/ Name of	8	9	10	11	12	13	14	15
						Name of Securities					Type of Control			
						Exchange					(Ownership			
						if Publicly					Board,	If Control is		
	_	NAIC				Traded	Names of		Relationship		Management	Ownership		
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	(U.S. or International)	Parent, Subsidiaries or Affiliates		to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide	Ultimate Controlling Entity(ies)/Person(s)	
Member		Code	Number	หออบ	CIN	international)	Of Affiliates	Location	Enuty	(Name of Entity/Person)	iniliuence, Other)	Percentage	Entity(les)/Person(s)	
Wichiber		00000	47-1842331				AAA Northeast	DE	UIP					
		00000	47-1042331					DL	011					
		00000	05 0440000				Automobile Club Insurance Agency, Inc. d/b/a	Di	NII A	A A A North and	0	400.000	AAA Nicotee oo f	
			05-0146230				AAA Insurance Agency, Inc.	RI	NIA	AAA Northeast	. Ownership		AAA Northeast	
			54-0971805				AAA Northeast Insurance Agency, Inc	MA	NIA	AAA Northeast	. Ownership		AAA Northeast	
		00000	20-3166530				AAA Northeast Holding, Inc	RI	UDP	AAA Northeast	. Ownership	100.000	AAA Northeast	
		00000	05-0498630				AAA Northeast Mortgage Corporation	RI	NIA	AAA Northeast	. Ownership	100.000	AAA Northeast	
		12487	20-3462094				Motor Club Insurance Company	RI		AAA Northeast Holding, Inc	. Ownership	100.000	AAA Northeast	
		00000	05-0495594				AAA Northeast Bank	RI	NIA	AAA Northeast Mortgage Corporation	. Ownership	100.000	AAA Northeast	
							AAA New Jersey Division Financial Services,				·			
		00000	46-2807629				Inc	NJ	NIA	AAA Northeast Bank	Ownership	100 000	AAA Northeast	
			20-1094252				AAA Auto Glass. Inc	DI	NIΔ	AAA Northeast	. Ownership		AAA Northeast.	
								DE	NIA	AAA Northeast				
			20-3026333				Blue Hen Investment Company, Inc		NIA		Ownership		AAA Northeast	
<b>~</b>			26-2346231				J	MA	NIA	AAA Northeast	. Ownership		AAA Northeast	
3			06-0844840				AAA Insurance Agency, Inc	CT	NIA	AAA Northeast	. Ownership	100.000	AAA Northeast	
ა∣		00000	27-4504941				American AutoGlass Administrators, Inc	RI	NIA	AAA Northeast	. Ownership	100.000	AAA Northeast	
		00000	06-0997474				AAA Car Care, Inc	CT	NIA	AAA Northeast	. Ownership	100.000	AAA Northeast	
		00000	38-3879742				Safety Educators, Inc	RI	NIA	AAA Northeast	. Ownership	100.000	AAA Northeast	
		00000	20-3765666				AAA New Jersey Car Care Center, Inc	NJ	NIA	AAA Northeast	. Ownership	100.000	AAA Northeast	
		00000	22-1328193				AAA New Jersey Insurance Agency, Inc	NJ	NIA	AAA Northeast	. Ownership	100.000	AAA Northeast	
			27-3060732				AAA New York Insurance Services, Inc	NY	NIΔ	AAA Northeast	. Ownership		AAA Northeast	
		00000	21 -00001 JZ				TATAL NOW TORK ITISUICATION OF VICES, ITIC	111	111/7	וויייי ויייייייייייייייייייייייייייייי	. Ownership	100.000	7777 HOLLIGASL	
		00000	40 4540070				AAA Tri Cassat Matan Club Driving Cataol Isa	NIX	NII A	A A A Niggibs and	O	400.000	A A A North a a st	
		00000	16-1546378				AAA Tri County Motor Club Driving School, Inc.	IN Y	INIA	AAA Northeast	Ownership	100.000	AAA Northeast	

# Statement for September 30, 2016 of the Motor Club Insurance Company PART 1 - LOSS EXPERIENCE

	PARI I	LUSS EXPE	Current Year to Date	<u> </u>	4
		1	2	3	Prior Year to Date
		Direct Premiums	Direct Losses	Direct	Direct Loss
	Lines of Business	Earned	Incurred	Loss Percentage	Percentage
1	Fire	Lumou		0.000	roroomago
	Allied lines			0.000	
3	Farmowners multiple peril			0.000	
	Homeowners multiple peril			0.000	
	Commercial multiple peril			0.000	
	Mortgage guaranty			0.000	
	Ocean marine			0.000	
	Inland marine			0.000	
	Financial guaranty			0.000	
	Medical professional liability - occurrence			0.000	
	Medical professional liability - claims-made			0.000	
	Earthquake			0.000	
	Group accident and health			0.000	
	Credit accident and health			0.000	
	Other accident and health			0.000	
	Workers' compensation			0.000	
17.1	Other liability occurrence			0.000	
17.1	Other liability-occurrence. Other liability-claims made. Excess workers' compensation. Products liability-occurrence.			0.000	
17.2	Excess workers' compensation			0.000	
18.1	Products liability-occurrence	<b>TOITL</b>		0.000	
18.1	Products liability-claims made			0.000	
	19.2 Private passenger auto liability			0.000	
	19.4 Commercial auto liability			0.000	
	Auto physical damage			0.000	
	Aircraft (all perils)			0.000	
	Fidelity			0.000	
	Surety			0.000	
	Burglary and theft			0.000	
	Boiler and machinery			0.000	
	Credit			0.000	
	International			0.000	
-	Warranty			0.000	
	Reinsurance-nonproportional assumed property		XXX	XXX	XXX
	Reinsurance-nonproportional assumed liability		XXX	XXX	XXX
	Reinsurance-nonproportional assumed financial lines		XXX	XXX	XXX
	Aggregate write-ins for other lines of business			0.000	
	Totals		0	0.000	
J).		DETAILS OF WRITE-INS	U	0.000	
3401.		DETAILS OF WRITE-INS		0.0	
3402.				0.0	
				0.0	
	Sum. of remaining write-ins for Line 34 from overflow page		0	0.0	XXX
	Totals (Lines 3401 thru 3403 plus 3498) (Line 34)			0.0	
J <del>1</del> JJ.	Totalo (Linos oto i tina otoo pias otoo) (Line ot)	jU	ıu	0.0	

PART 2 - DIRECT PREMIUMS WRITTEN									
Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date						
1. Fire									
Allied lines									
Farmowners multiple peril									
Homeowners multiple peril									
Commercial multiple peril									
Mortgage guaranty									
8. Ocean marine									
9. Inland marine									
10. Financial guaranty									
11.1 Medical professional liability - occurrence									
11.2 Medical professional liability - claims made									
12. Earthquake									
13. Group accident and health									
14. Credit accident and health									
15. Other accident and health									
16. Workers' compensation									
17.1 Other liability-occurrence									
17.2 Other liability-claims made									
17.3 Excess workers' compensation									
18.1 Products liability-occurrence	INCINL								
18.2 Products liability-claims made									
19.1 19.2 Private passenger auto liability									
19.3 19.4 Commercial auto liability									
21. Auto physical damage									
22. Aircraft (all perils)									
23. Fidelity									
24. Surety									
26. Burglary and theft									
27. Boiler and machinery									
28. Credit									
29. International									
30. Warranty									
31. Reinsurance-nonproportional assumed property		XXX	XXX						
32. Reinsurance-nonproportional assumed liability									
33. Reinsurance-nonproportional assumed financial lines			XXX						
34. Aggregate write-ins for other lines of business									
35. Totals			0						
55. TO(a)5		J	J						
DETAILS OF WRITE-INS									

DE	IAILS OF WRITE-INS		
3401.			
3402.			
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34)	0	0	0

# PART 3 (000 omitted)

				L	OSS AND LOSS	ADJUSTMENT I	EXPENSE RESE	RVES SCHEDULE	<b>=</b>				
	1	2	3	4	5	6	7	8	9	10	11	12	13
							Q.S. Date Known	Q.S. Date Known			Prior Year-End Known		Prior Year-End
			Total Prior	2016	2016		Case Loss and	Case Loss and LAE			Case Loss and LAE	IBNR Loss and LAE	Total Loss
	Prior Year-End	Prior Year-End	Year-End	Loss and LAE	Loss and LAE	Total 2016	LAE Reserves on	Reserves on Claims	Q.S. Date	Total Q.S.	Reserves Developed	Reserves Developed	and LAE Reserve
Years in Which	Known Case	IBNR	Loss and	Payments on Claims	Payments on Claims	Loss and		Reported or Reopened		Loss and LAE	(Savings)/Deficiency	(Savings)/Deficiency	Developed
Losses	Loss and LAE	Loss and LAE	LAE Reserves	Reported as of Prior		LAE Payments	Open as of Prior	Subsequent to	Loss and LAE	Reserves	(Cols. 4 + 7	(Cols. 5 + 8 + 9	(Savings)/Deficiency
Occurred	Reserves	Reserves	(Cols. 1 + 2)	Year-End	Prior Year-End	(Cols. 4 + 5)	Year-End	Prior Year-End	Reserves	(Cols. 7 + 8 + 9)	minus Col. 1)	minus Col. 2)	(Cols. 11 + 12)
1. 2013 + Prior			0			0				0	0	0	0
2010													
2. 2014			0			0				0	0	0	0
0.01444													
3. Subtotals 2014 + Prior	0	0	0	0	0	0	0	0	0	0	0	0	0
2014 1 1101		0			0				0			0	
4. 2015		211	211		213	213			6	6	0	8	8
5. Subtotals 2015 + Prior		211	211		213	213		0	•		0	0	0
2015 + Prior	0	Z11	ZII	0	213	213	0	0	0	0	0		δ
6. 2016	XXX	XXX	XXX	XXX	485	485	XXX		388	388	XXX	XXX	XXX
7. Totals	0	211	211	0	698	698	0	0	394	394	0	8	8
O. Drive Venn											Oal 44 Line 7	Oal 40 Line 7	0-1 42 1: 7
8. Prior Year- End's Surplus											Col. 11, Line 7 As % of Col. 1,	Col. 12, Line 7 As % of Col. 2,	Col. 13, Line 7 As % of Col. 3,
As Regards											As % of Col. 1,	As % 01 Col. 2, Line 7	As % of Col. 3, Line 7
Policyholders	45,063										LIIIG I	LIIIG I	LIIIG I
. Olloyriolacia	1	<u> </u>											
											10.000 %	23.791 %	33.791 %
											1	L	JJ./9   70

Col. 13, Line 7 Line 8 .....0.018 % Statement for September 30, 2016 of the Motor Club Insurance Company

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

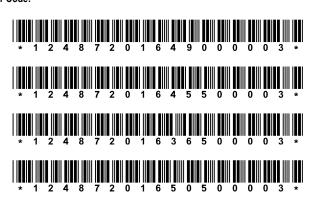
1.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	NO
3.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
4.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO

Response

#### **Explanation:**

- 1. The data for this supplement is not required to be filed.
- The data for this supplement is not required to be filed.
- The data for this supplement is not required to be filed.
- The data for this supplement is not required to be filed.

#### Bar Code:



# **NONE**

#### Statement for September 30, 2016 of the Motor Club Insurance Company **SCHEDULE A - VERIFICATION**

Real Estate

	Tour Estate		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	0	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.1 Actual cost at time of acquisition      2.2 Additional investment made after acquisition      Current year change in encumbrances		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange in book/adjusted carrying value		
7.	Deduct current year's other-than-temporary impairment recognized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)	0	0

# **SCHEDULE B - VERIFICATION**

Mortgage Loans

Mortgage Eduna	1	1
	1	2
		Prior Year Ended
	Year to Date	December 31
Book value/recorded investment excluding accrued interest, December 31 of prior year	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2. Additional investment made after acquisition		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		0
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

### **SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	-	1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	2,410,492	2,355,522
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount.		
5.	Unrealized valuation increase (decrease)	249,008	54,970
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amounts received on disposals  Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other-than-temporary impairment recognized.		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	2,659,500	2,410,492
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	2,659,500	2,410,492

# **SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1	2
		Prior Year Ended
	Year to Date	December 31
Book/adjusted carrying value of bonds and stocks, December 31 of prior year	42,062,891	43,787,757
Cost of bonds and stocks acquired	5,426,596	17,733,464
3. Accrual of discount	20,554	24,702
4. Unrealized valuation increase (decrease)	1,376,215	(2,285,083)
5. Total gain (loss) on disposals	85,881	1,087,726
Deduct consideration for bonds and stocks disposed of	4,742,766	17,689,967
7. Deduct amortization of premium	436,000	595,708
Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	43,793,371	42,062,891
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	43,793,371	42,062,891

## **SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation										
	1	2	3	4	5	6	7	8		
	Book/Adjusted Carrying	Acquisitions	Dispositions	Non-Trading Activity	Book/Adjusted Carrying	Book/Adjusted Carrying	Book/Adjusted Carrying	Book/Adjusted Carrying		
	Value Beginning	During	During	During	Value End of	Value End of	Value End of	Value December 31		
NAIC Designation	of Current Quarter	Current Quarter	Current Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year		
BONDS										
1. NAIC 1 (a)	21,739,528	3,102,948	2,904,919	(207,527)	21,834,259	21,739,528	21,730,031	21,632,027		
2. NAIC 2 (a)	345,441			454,373	346,785	345,441	799,814	348,115		
3. NAIC 3 (a)	387,299			(387,299)	391,050	387,299	0	365,000		
4. NAIC 4 (a)							0			
5. NAIC 5 (a)							0			
6. NAIC 6 (a)							0			
7. Total Bonds	22,472,268	3,102,948	2,904,919	(140,452)	22,572,093	22,472,268	22,529,845	22,345,142		
PREFERRED STOCK										
8. NAIC 1							0			
9. NAIC 2							0			
							0			
							0			
12. NAIC 5							0			
13. NAIC 6							0	<u></u>		
14. Total Preferred Stock	0	0	0	0	0	0	0	0		
15. Total Bonds and Preferred Stock	22 472 269	3 102 048	2 904 919	(140 452)	22 572 093	22 472 268	22 529 845	22 345 142		

<sup>(</sup>a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$........0; NAIC 3 \$........0; NAIC 5 \$..........0;

NAIC 5 \$.........0.

## Statement for September 30, 2016 of the Motor Club Insurance Company **SCHEDULE DA - PART 1**

#### **Short-Term Investments**

Chart Term investments											
	1	2	3	4	5						
	Book/Adjusted		Actual	Interest Collected	Paid for Accrued Interest						
	Carrying Value	Par Value	Cost	Year To Date	Year To Date						
9199999	174,867	XXX	174,867	2							

# **SCHEDULE DA - VERIFICATION**

#### Short-Term Investments

	1	2 Prior Year Ended
	Year To Date	December 31
Book/adjusted carrying value, December 31 of prior year	333,440	251,886
Cost of short-term investments acquired	3,777,086	17,834,770
Accrual of discount		
Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals	3,935,660	17,753,216
7. Deduct amortization of premium		
Total foreign exchange change in book/adjusted carrying value		
Deduct current year's other-than-temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	174,867	333,440
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	174,867	333,440

# Sch. DB - Pt. A - Verification NONE

Sch. DB - Pt. B - Verification NONE

Sch. DB - Pt. C - Sn. 1 NONE

Sch. DB - Pt. C - Sn. 2 NONE

Sch. DB - Verification NONE

Sch. E - Verification NONE

Sch. A - Pt. 2 NONE

Sch. A - Pt. 3 NONE

Sch. B - Pt. 2 NONE

Sch. B - Pt. 3 NONE

Sch. BA - Pt. 2 NONE

Sch. BA - Pt. 3 NONE

# **SCHEDULE D - PART 3**

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10		
CUSIP Identification	n Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)		
Bonds - U.S. Political Subdivisions of States, Territories and Possessions											
315162 BN 6	FERNDALE MICH PUB SCHS		09/12/2016	PIPER JAFFRAY CO		374,714	340,000	6,328	1FE		
803820 KS	7 SARTELL MINN INDPT SCH DIST NO 748		08/04/2016	MORGAN STANLEY		181,236	145,000	262	1FE		
2499999. Total Bor	nds - U.S. Political Subdivisions of States, Territories and Possessions					555,950	485,000	6,590	XXX		
Bonds - U.S. Spec	ial Revenue and Special Assessment										
455057 VZ 9	INDIANA ST FIN AUTH REV		07/26/2016	NATIONAL FINANCIAL SERVICES LLC		387,590	350,000	8,653	1FE		
495289 3P 3	KING CNTY WASH SWR REV		09/07/2016	PIPER JAFFRAY CO		311,553	270,000	2,663	1FE		
603827 SP 2	MINNEAPOLIS & ST PAUL MINN MET ARPTS COM		09/01/2016	BB&T SECURITIES, LLC		397,149	350,000	3,208	1FE		
64971W L3 2	NEW YORK N Y CITY TRANSITIONAL FIN AUTH		07/14/2016	NATIONAL FINANCIAL SERVICES LLC		103,228	80,000		1FE		
68607V VR 3	OREGON ST DEPT ADMINISTRATIVE SVCS LOTTE	398,668	350,000	7,924	1FE						
3199999. Total Bor	nds - U.S. Special Revenue and Special Assessment	1,598,187	1,400,000	22,447	XXX						
8399997. Total Bor	8399997. Total Bonds - Part 3							29,037	XXX		
8399999. Total Bor	8399999. Total Bonds						1,885,000	29,037	XXX		
Common Stocks -	Mutual Funds										
922908 80	VANGUARD INDEX FDS TTLSTK MKT-INST		09/13/2016	STATE STREET BANK AND TRUST	877.060	47,247	XXX		L		
9299999. Total Co	mmon Stocks - Mutual Funds					47,247	XXX	0	XXX		
9799997. Total Cor	9799997. Total Common Stocks - Part 3           9799999. Total Common Stocks.							0	XXX		
9799999. Total Co								0	XXX		
9899999. Total Pre	ferred and Common Stocks					47,247	XXX	0	XXX		
-	nds, Preferred and Common Stocks	2,201,384	XXX	29,037	XXX						

<sup>(</sup>a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:............0

# SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 2 3 4 5 6 7 8 9 10 <u>Change in Book/Adjusted Carrying Value</u> 16 17 18 11 12 13 14 15	19 20  Bond Interest	21 22 NAIG
	Bond Interest	NAI
F O Current Yorks	Bond Interest	NAIC
F O Current York	Bond Interest	NAIC
O Current Year's	Bond Interest	NAIC
Current Voods	Bond Interest	
e Unrealized Other-Than- Total Foreign Foreign	/ Stock	Desig nation
i Prior Year Valuation Current Year's Temporary Total Change in Exchange Book/Adjusted Exchange Gain Realized Gain T	Total Gain Dividends	Stated Marke
		Contractual Indicat Maturity Date (a)
Bonds - U.S. States. Territories and Possessions	Dioposar   During Four In	viaturity Date (u)
70914P SC 7 PENNSYLVANIA ST	(244)7,806 0	06/01/2017 1FE
	, ,	
1799999. Total Bonds - U.S. States, Territories and Possessions	7,806	XXX XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions		
15722T DA 6 CHABOT-LAS POSITAS CALIF CMNTY COLLEGE D 08/01/2016. CALLED @ 100.00		08/01/2019 1FE
181059 MK 9 CLARK CNTY NEV SCH DIST	13,637 0	06/15/2017 1FE
742633 TE 0 PRIOR LAKE MINN INDPT SCH DIST NO 719	810,582 0	02/01/2017 1FE
2499999. Total Bonds - U.S. Political Subdivisions of States, Territories and Possessions	24,219	XXX XXX
Bonds - U.S. Special Revenue and Special Assessment		
46263R LT 0   IPS MULTI-SCH BLDG CORP IND	19,219 0	01/15/2017 1FE
592030 TT 7 METROPOLITAN GOVT NASHVILLE & DAVIDSON C.   09/06/2016.   OPPENHEIMER & CO. INC	(91)	05/15/2017 1FE
594698 HZ 8 MICHIGAN ST STRATEGIC FD LTD OBLIG REV   08/01/2016.   MATURITY		08/01/2029 1FE
994999 HZ 8 MICHIGAN ST STRATEGIC FUELD OBLIG REV	4,764 1	10/01/2017 1FE
724500 KJ 1 PITT CNTY N C CTFS PARTN	(827)11,195 0	04/01/2019 1FE
3199999. Total Bonds - U.S. Special Revenue and Special Assessment	(706)38,845	xxx xxx
839997. Total Bonds - Part 4	(1,007)70,869	XXX XXX
839999. Total Bonds	(1,007)70,869	XXX XXX
Common Stocks - Mutual Funds	(1,001)	
922908 80 1 VANGUARD INDEX FDS TTLSTK MKT-INST		XXX L
9299999. Total Common Stocks - Mutual Funds		XXX XXX
9799997 Total Common Stocks - Part 4	78,333539	XXX XXX
9799999. Total Common Stocks	78,333539	XXX XXX
9899999. Total Preferred and Common Stocks. 200,000 XXX 121,667 188,953 79,821 0 79,821 0 201,488 0 78,333	78,333539	XXX XXX
9999999. Total Bonds, Preferred and Common Stocks	77,32771,409	XXX XXX

Sch. DB - Pt. A - Sn. 1 NONE

Sch. DB - Pt. B - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 1 NONE

Sch. DB - Pt. D - Sn. 2 NONE

> Sch. DL - Pt. 1 NONE

Sch. DL - Pt. 2 NONE Statement for September 30, 2016 of the Motor Club Insurance Company

# SCHEDULE E - PART 1 - CASH

Month	End	Depository	Ralancee
IVIOLILI	LIIU		Dalalices

MONUTE TO Depository Balances								
1	2	3	4	5	Book Balance at End of Each			9
					Month During Current Quarter			
					6	8		
			Amount of Interest Received During	Amount of Interest Accrued at Current				
Depository	Code	Rate of Interest		Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Santander BankProvidence, RI					114,997	194,998	191,777	XXX
0199999. Total Open Depositories	XXX	XXX	0	0	114,997	194,998	191,777	XXX
0399999. Total Cash on Deposit	XXX	XXX	0	0	114,997	194,998	191,777	XXX
0599999. Total Cash	XXX	XXX	0	0	114,997	194,998	191,777	XXX

# **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

QE1:

**NONE**